

# BRANCH – HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

www.bhsj.org

570 N. Marshall Road  
Coldwater, MI 49036  
(517) 279-9561 ext. 106  
(517) 278-2923 Fax

20 Care Drive  
Hillsdale, MI 49242  
(517) 437-7395 ext. 111  
(517) 437-0166 Fax

1110 Hill Street  
Three Rivers, MI 49093  
(269) 273-2161 ext. 233  
(269) 273-2452 Fax

## COMMERCIAL OR MULTI-FAMILY APPLICATION

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Township \_\_\_\_\_ Section \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property ID# (from tax bill or County Equalization office) \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

List previous facilities located at this property, if any \_\_\_\_\_

Contact Person \_\_\_\_\_

\_\_\_\_\_

Address and Phone (if other than above) \_\_\_\_\_

Parcel size or dimensions \_\_\_\_\_

\_\_\_\_\_

Total number of employees (all shifts) \_\_\_\_\_

Facility Type (office, factory, etc.) \_\_\_\_\_

Number of Customer Seats \_\_\_\_\_ Total Occupancy \_\_\_\_\_

Fixture type/count: Toilets \_\_\_\_\_ Urinals \_\_\_\_\_ Sinks \_\_\_\_\_

Number of Persons to be served by this system \_\_\_\_\_

Bath/Showers \_\_\_\_\_ Water fountain \_\_\_\_\_ Hydrant \_\_\_\_\_

Municipal Water \_\_ or Sewer \_\_ available

Other water using fixtures \_\_\_\_\_

- A detailed Site Plan is required before a permit can be issued. If plan is not attached to this application, one can be prepared after Health Dept. staff has provided field assistance. Plan must include all proposed buildings, driveways, well and septic areas. In some cases, soil test pits, contour drawings, well and septic system locations on adjacent properties, flood elevations, and/or licensed engineer produced plans are required before a permit can be issued.
- A Soil Erosion and Sedimentation Control Permit is required for earth moving activities on property located within 500 feet of a lake, river, stream or any other body of water, or where the excavation is larger than one acre in size.
- Signature below and payment of fees indicates that the applicant has or will provide all necessary information accurately on this application. No refund will be provided if any staff field assistance is given. There is a \$25.00 handling fee charged if no field service has been provided. Do not send cash through the mail. Make check or money order payable to: **Community Health Agency**

	Check one	Fee enclosed
Septic & Well Permits	_____	\$ 557.00
Septic Permit Only	_____	\$ 310.00
Well Permit Only	_____	\$ 247.00
Site Evaluation	_____	\$ 210.00
Change of Use	_____	\$ 180.00
Eval of Existing S&W	_____	\$ 315.00

Signature \_\_\_\_\_

Date \_\_\_\_\_

### HEALTH DEPARTMENT USE ONLY

Date Requested \_\_\_\_\_

Date Received \_\_\_\_\_

"C" Receipt \_\_\_\_\_

Received By \_\_\_\_\_

Site Plan Received \_\_\_\_\_

Permit Issued \_\_\_\_\_